

**WPE DEDUCTIBLE HMO/DEDUCTIBLE
STANDARD PPP
PGM OPT P05 & SRCHG S01
2006 MONTHLY COVERAGE REPORT**

Employee Trust Funds Group Health Insurance		Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
		Employer Name			Group No.
		Single Contracts		Family Contracts	
1. Contracts in Effect Last Month:					
2. Additions Report: (+)					
3. Deletions Report: (-)					
4. Changes Report: "To" (+)					
5. Changes Report "From": (-)					
6. Contracts in Effect This Month:					
7. <u>Plan</u>	<u>Suffix</u>				
Standard – Dane PPP	.C1	783.90		1956.60	
Standard – Milwaukee PPP	.C2	910.40		2272.90	
Standard – Waukesha PPP	.C3	843.80		2106.40	
Standard – Balance of State PPP	.C4	843.80		2106.40	
State Maintenance Plan (SMP)	.A5	609.10		1519.30	
CompicareBlue Southeast	.11	546.90		1363.80	
CompicareBlue Northwest	.13	634.70		1583.30	
Dean Health Plan	.15	350.70		873.30	
CompicareBlue – Aurora/Family	.16	509.30		1269.80	
Humana – Eastern	.21	545.40		1360.10	
Humana - Western	.22	585.20		1459.60	
GHC - Eau Claire	.30	536.60		1338.10	
GHC - South Central	.35	368.60		918.10	
Gundersen Lutheran	.37	491.10		1224.30	
Unity – Community	.40	323.90		806.30	
WPS Prevea Health Plan	.47	453.20		1129.60	
Health Tradition	.55	472.80		1178.60	
Medical Associates HMO	.63	385.70		960.80	
MercyCare Health Plan	.64	365.10		909.30	
Network Health Plan	.70	383.50		955.30	
Physicians Plus – Meriter & UW	.74	346.70		863.30	
WPS Patient Choice Plan 1	.81	493.30		1229.80	
WPS Patient Choice Plan 2	.82	535.10		1334.30	
UnitedHealthcare – Southeast	.83	483.00		1204.10	
Unity - UW Health	.92	358.20		892.10	
UnitedHealthcare - Northeast	.94	408.60		1018.10	
8. Subtotals (No. of Contracts x Premiums)		8a		8b	
A. Employee Share =		<div style="text-align: right;">**</div> <div style="text-align: right;">(Line 8a + Line 8b)</div> <div style="text-align: right;">9. Subtotal</div>			
B. Employer Share =		<div style="text-align: right;">**</div> <div style="text-align: right;">10. Adjustments</div>			
C. Total* (Lines A + B) =		<div style="text-align: right;">**</div> <div style="text-align: right;">(Line 9 + Line 10)</div> <div style="text-align: right;">11. Grand Total*</div>			

* NOTE: Figure entered on line C must equal figure entered on line 11.

** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone
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Check the type of employer contribution: ☐ Tiering ☐ 105%